

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 01-1174-1-C1								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Michel PAIRET, et al.</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/776,757</td> <td style="padding: 2px;">Filed February 11, 2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For PHARMACEUTICAL COMPOSITIONS BASED ON ANTICHOLINERGICS AND CORTICOSTEROIDS</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1617</td> <td style="padding: 2px;">Examiner Carlic K. Huynh</td> </tr> </table>			In re Application of Michel PAIRET, et al.		Application Number 10/776,757	Filed February 11, 2004	For PHARMACEUTICAL COMPOSITIONS BASED ON ANTICHOLINERGICS AND CORTICOSTEROIDS		Group Art Unit 1617	Examiner Carlic K. Huynh
In re Application of Michel PAIRET, et al.										
Application Number 10/776,757	Filed February 11, 2004									
For PHARMACEUTICAL COMPOSITIONS BASED ON ANTICHOLINERGICS AND CORTICOSTEROIDS										
Group Art Unit 1617	Examiner Carlic K. Huynh									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <p> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ _____ <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ _____ <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ <u>1110</u> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____ </p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card via EFS. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>. I have enclosed a duplicate copy of this sheet. </p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____. </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>_____ December 23, 2008 Date</p> </div> <div style="width: 40%; text-align: right;"> <p>_____ /John A. Sopp/ Signature</p> <p>_____ John A. Sopp, Reg. No. 33,103 Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										